NINDS CDE Notice of Copyright Clinical Global Impression (CGI)

Availability:	Available in the public domain: http://miksa.ils.unc.edu/unc-hit/media/CGI.pdf
Classification:	Supplemental in MS
	Exploratory in ALS and Headache
Short Description of Instrument:	Construct measured: Illness severity, improvement and response to treatment
	Generic vs. disease specific: Generic
	Means of administration: Self-administered
	Intended respondent: Patient
	# of items: 3
	# of subscales and names of sub-scales: N/A
	# of items per sub-scale: N/A
Comments/Special instructions:	Scoring: The CGI is rated on a 7-point scale, with the severity of illness scale using a range of responses from 1 (normal) through to 7 (amongst the most severely ill patients).
	Background: The Clinical Global Impression (CGI) is used to provide a global rating of illness severity, improvement, and response to treatment. It is a three-item observer rating scale and uses a seven-point rating scale. The CGI Scale is widely used in clinical psychopharmacology trials as an outcome measure. The CGI Scale consists of three global subscales formatted for use with the Global Scoring Sheet. The Severity of Illness subscale assesses the clinician's impression of the patient's current illness state; it is often used both before and after treatment. The Global Improvement subscale assesses the patient's improvement or worsening from baseline, which is usually the beginning of a clinical trial. The Efficacy Index subscale attempts to relate therapeutic effects and side effects by deriving a composite score that reflects both the therapeutic effect and the concomitant adverse reactions or side effects.
References:	Key Reference: Guy, W: ECDEU Assessment Manual for Psychopharmacology, revised. Washington, DC, US Department of Health, Education, and Welfare, 1976; APA (2000) Handbook of Psychiatric Measures.
	Other References: Spearing MK, Post RM, Leverich GS, et al: Modification of the Clinical Global Impressions (CGI) scale for use in bipolar illness (BP): the CGI-BP. Psychiatry Res 73:159–171, 1997
Rationale/ Justification:	Strengths/ Weaknesses: Relatively lengthy (~ 40 minutes for follow-up assessments). May be susceptible to baseline level of cognitive impairment, with a tendency for greater levels of change to be recorded for those moderately severely impaired, as compared with mild or severe impairments.
	Psychometric Properties: May take over 40 minutes to complete baseline assessment and then ~ 40 mins per follow-up. Predictive validity, correlated against CDR, GDS, MMSE and FAST, was highly significant for most correlations.
	Administration: Administration time varies with familiarity with patient. Clinician-rated.